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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1/1161
First Named Inventor	Rainer WALTER
<i>COMPLETE IF KNOWN</i>	
Application Number	10 / 002,939
Filing Date	11/01/2001
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: _____

NEW SUBSTITUTED INDOLINONES, PREPARATION THEREOF AND THEIR USE AS PHARMACEUTICAL COMPOSITIONS

the specification of which

(Title of the Invention)

is attached hereto.

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was filed on (MM/DD/YYYY) **November 1, 2001** as United States Application Number or PCT International

Application Number 10/002 939 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 100 54 019.8	Germany	11/01/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/251,055	12/01/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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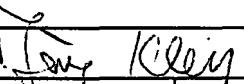
DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → <i>Place Customer Number Bar Code Label here</i> OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name	Registration Number	Name	Registration Number			
Robert P. Raymond Alan R. Stempel Mary-Ellen M. Devlin Anthony P. Bottino	25,089 28,991 27,928 41,629	Susan K. Pocchiari Philip I. Datlow Timothy X. Witkowski	45,016 41,482 40,232			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.						
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="28501"/>		OR <input type="checkbox"/> Correspondence address below				
Name	28501					
Address	PATENT TRADEMARK OFFICE					
Address						
City	State	ZIP				
Country	Telephone	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Rainer	WALTER					
Inventor's Signature	<i>Rainer Walter</i>		Date <i>07/15/2012</i>			
Residence: City	Biberach	State	Country	Germany	Citizenship	DE
Post Office Address	Probststrasse 3					
Post Office Address						
City	Biberach	State	ZIP	88400	Country	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>3</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

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Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
Armin			HECKEL					
Inventor's Signature							Date	<u>7/15/2002</u>
Residence: City	Biberach	State		Country	Germany	Citizenship	DE	
Post Office Address	Geschwister-Scholl-Str. 71							
Post Office Address								
City	Biberach	State		ZIP	88400	Country	Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
Gerald			ROTH					
Inventor's Signature							Date	<u>01/03/02</u>
Residence: City	Biberach	State		Country	Germany	Citizenship	DE	
Post Office Address	Akazienweg 47							
Post Office Address								
City	Biberach	State		ZIP	88400	Country	Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
Joerg			KLEY					
Inventor's Signature							Date	<u>01/17/02</u>
Residence: City	Mittelbiberach	State		Country	Germany	Citizenship	DE	
Post Office Address	Poststrasse 5/4							
Post Office Address								
City	Mittelbiberach	State		ZIP	88441	Country	Germany	

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Gisela		SCHNAPP					
Inventor's Signature	<i>G. Schnapp</i>					25/01/02 Date	
Residence: City	Biberach	State		Country	Germany	Citizenship	
Post Office Address	Esterbuch 5						
Post Office Address							
City	Biberach	State		ZIP	88400	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Martin		LENTER					
Inventor's Signature	<i>M.L.</i>					17/01/02 Date	
Residence: City	Ulm	State		Country	Germany	Citizenship	
Post Office Address	Promenade 23						
Post Office Address							
City	Ulm	State		ZIP	89073	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Jacobus		VAN MEEL					
Inventor's Signature	<i>J.V.M.</i>					26/01/02 Date	
Residence: City	Moedling	State		Country	Austria	Citizenship	
Post Office Address	Weisses Kreuz Gasse 61						
Post Office Address							
City	Moedling	State		ZIP	2340	Country	

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Walter	SPEVAK					
Inventor's Signature	<i>Walter Spevak</i>					Date 02/26/02
Residence: City	Oberrohrbach	State		Country	Austria	Citizenship AT
Post Office Address	Leoberndorferstr. 36					
Post Office Address						
City	Oberrohrbach	State		ZIP	2105	Country Austria
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname				
Ulrike		WEYER-CZERNILOFSKY				
Inventor's Signature	<i>Dr. U. Weyer-Czerniolsky</i>					Date 26.2.2002
Residence: City	Baden	State		Country	Austria	Citizenship DE
Post Office Address	Klesheimerstr. 28					
Post Office Address						
City	Baden	State		ZIP	2500	Country Austria
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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